

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 13160 OF 18045

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**NRSC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**A. GAL, SABINA, , ,**

Mailing Address 7447 W TALCOTT AVE

City  
CHICAGO

State  
IL

Zip Code  
60631-3745

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
GAL CENTER OF HOPE, LLC

Occupation (for Individual)  
MENTAL HEALTH COUNSELOR

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

MM / DD / YYYY  
06 / 25 / 2021

**Transaction ID : SA11A.19692267**

Amount of Each Receipt this Period

25.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**B. GALASSO, MARY, , ,**

Mailing Address 21070 WOODLAND GLEN DR.

City  
NORTHVILLE

State  
MI

Zip Code  
48167-2443

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY  
06 / 25 / 2021

**Transaction ID : SA11A.19694161**

Amount of Each Receipt this Period

10.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

**C. GALASSO, MARY, , ,**

Mailing Address 21070 WOODLAND GLEN DR.

City  
NORTHVILLE

State  
MI

Zip Code  
48167-2443

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
RETIRED

Occupation (for Individual)  
RETIRED

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

240.00

Date of Receipt

MM / DD / YYYY  
06 / 25 / 2021

**Transaction ID : SA11A.19694163**

Amount of Each Receipt this Period

15.00

☐ Memo Item  
CONTRIBUTION

EARMARKED FROM WINRED

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

50.00